

**Work Order ID 148550****\*148550\***

Page 1

Tuesday, July 05, 2016 3:03:34 PM

Item ID: D2258-200 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Weight Placard 200lb  
Start Date: 6/28/2016 Start Qty: 6.00 **\*6\*** Cust Item ID:  
Required Date: 7/6/2016 Req'd Qty: 6.00 **\*6\*** Customer:  
Reference:

Approvals: Process Plan: DAS 21 Date: JUL 12 2016 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: 9-89 Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_  
Run Start **\*NR1\***  
Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
| D2258    | F            |

|              |                                                                              |      |  |  |  |  |  |  |                   |
|--------------|------------------------------------------------------------------------------|------|--|--|--|--|--|--|-------------------|
| 100          | PURCHASING                                                                   | 0.00 |  |  |  |  |  |  | DAS<br>13<br>9-89 |
| <b>*100*</b> |                                                                              |      |  |  |  |  |  |  |                   |
| Purchasing   | Memo                                                                         | 0.00 |  |  |  |  |  |  |                   |
| Purchasing   | Issue P/O: <u>33006</u>                                                      |      |  |  |  |  |  |  |                   |
|              | Make D2258-200 read 200lb / 91kg as per Dwg D2258                            |      |  |  |  |  |  |  |                   |
|              | Material: Red letters (1.00" min height) with adhesive back Manufacture from |      |  |  |  |  |  |  |                   |
|              | 3M 7mil masking film #8522CP or Avery IPM #2031                              |      |  |  |  |  |  |  |                   |
|              | Material release note is required                                            |      |  |  |  |  |  |  |                   |

|              |                                            |      |  |  |  |  |  |  |  |
|--------------|--------------------------------------------|------|--|--|--|--|--|--|--|
| 110          | Receive & Inspect for Damage & Mat'l Certs | 0.00 |  |  |  |  |  |  |  |
| <b>*110*</b> |                                            |      |  |  |  |  |  |  |  |
| Packaging    | Memo                                       | 0.00 |  |  |  |  |  |  |  |
| Packaging    | Ensure material release note is attached   |      |  |  |  |  |  |  |  |

6x Spill-7-20

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                     |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                     |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |

| Root Cause                            |                                     |                                             |                                           | FAULT CATEGORY                                  |                                                            |                                                |                                               |
|---------------------------------------|-------------------------------------|---------------------------------------------|-------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|
| Environment <input type="checkbox"/>  | Design <input type="checkbox"/>     | Doc/Data <input type="checkbox"/>           | Equip/Tooling <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>        | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |
| Handling/Pre <input type="checkbox"/> | Material <input type="checkbox"/>   | Internal Transport <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Bending <input type="checkbox"/>                | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |
| LOA <input type="checkbox"/>          | Substation <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/>   | Misidentified <input type="checkbox"/>    | Centre Not Concentric <input type="checkbox"/>  | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |
|                                       |                                     |                                             |                                           | Cracks <input type="checkbox"/>                 | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |
|                                       |                                     |                                             |                                           | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |
|                                       |                                     |                                             |                                           | Cuffs <input type="checkbox"/>                  | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |
|                                       |                                     |                                             |                                           | Crushing <input type="checkbox"/>               | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |
|                                       |                                     |                                             |                                           | Heat Treat <input type="checkbox"/>             | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |
|                                       |                                     |                                             |                                           | Wave/Twist in Tube <input type="checkbox"/>     | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |
|                                       |                                     |                                             |                                           | Marks/Chatter <input type="checkbox"/>          | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |
|                                       |                                     |                                             |                                           | OTHER : <input type="checkbox"/>                |                                                            |                                                |                                               |

**Work Order ID 148550**

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**\*148550\***

Page 2

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Start Date: 6/28/2016 Start Qty: 6.00 **\*6\*** Cust Item ID:  
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Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                           | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp                   |
|--------------------------------|--------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------------------------|
| 120                            | QC6- Inspect dimensions to drawing                                 | 0.00                 |         |        |              |               |               |                  | DAS<br>38<br>9-89                |
| <b>*120*</b>                   |                                                                    |                      |         |        |              |               |               |                  |                                  |
| QC                             | Memo                                                               | 0.00                 |         |        |              |               |               |                  | JUL 21 2016                      |
| Quality Control                |                                                                    |                      |         |        |              |               |               |                  |                                  |
| 130                            | Identify as per dwg & Stock Location: <u>Stock</u>                 | 0.00                 |         |        |              |               |               |                  | DAS<br>5<br>9-89                 |
| <b>*130*</b>                   |                                                                    |                      |         |        |              |               |               |                  |                                  |
| Packaging                      | Memo                                                               | 0.00                 |         |        |              |               |               |                  | JUL 22 2016                      |
| Packaging                      | ***ONE YEAR EXPIRED DATE FROM<br>RECEIVING: <u>JUL 22 2017</u> *** |                      |         |        |              |               |               |                  |                                  |
| 140                            | QC21- Final Inspection - Work Order Release                        | 0.00                 |         |        |              |               |               |                  | DAS<br>21<br>9-89                |
| <b>*140*</b>                   |                                                                    |                      |         |        |              |               |               |                  | JUL 22 2016                      |
| QC                             | Memo                                                               | 0.00                 |         |        |              |               |               |                  |                                  |
| Quality Control                |                                                                    |                      |         |        |              |               |               |                  | DAS<br>21<br>9-89<br>JUL 22 2016 |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |  |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                                   |  |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |  |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                                                                                                                   |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            | Completed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |  |                                                                                                                   |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |  |                                                                                                                   |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |  |                                                                                                                   |  |  |
| <b>Root Cause</b>                                            |                                                | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                                                                                                                   |  |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                                                                                                                   |  |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                                                                                                                   |  |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                                                                                                                   |  |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                                                                                                                   |  |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                                                                                                                   |  |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                                                                                                                   |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                                                                                                                   |  |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                                                                                                                   |  |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                                                                                                                   |  |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | <b>OTHER :</b> _____                                                                                                                                                               |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |  |  |

# Picklist Print

Tuesday, July 05, 2016 3:03:34 PM

Page 1

Work Order ID: 148550

**\*148550\***

Parent Item: D2258-200

**\*D2258-200\***

Parent Item Name: Weight Placard 200lb

Start Date: 6/28/2016

Required Date: 7/6/2016

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP: B04.04.15Reformat; Clarify Step 2KJ/RF

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

|            |  |           |    |  |  |  |      |        |  |   |  |  |  |
|------------|--|-----------|----|--|--|--|------|--------|--|---|--|--|--|
| D2258-200P |  | Purchased | No |  |  |  | Each | 0.0000 |  | 6 |  |  |  |
|------------|--|-----------|----|--|--|--|------|--------|--|---|--|--|--|

**\*D2258-200P\***

Weight Placard 200lb

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6x 80/6-7-20

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



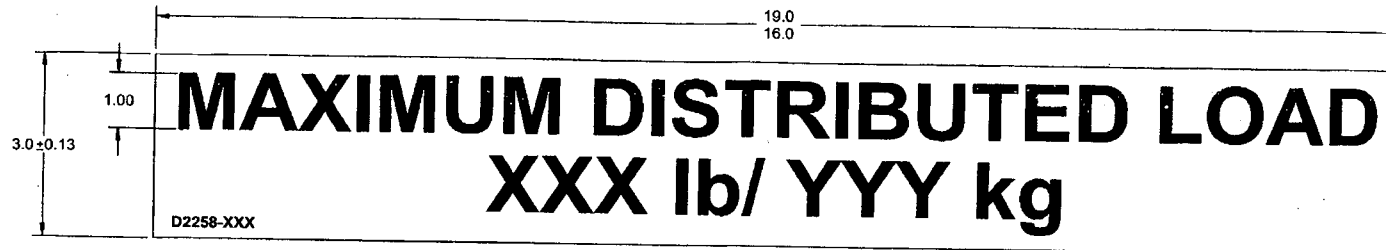
## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                       |                                                                                                            |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------|------------------------------------------------------------------------------------------------------------|--|
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| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | MRB (QSI042) Approval |                                                                                                            |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                       | Completed By<br><br>Lead hand / Supervisor<br>Approval Verification<br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                       |                                                                                                            |  |

| Root Cause         |                          |                       |                          | FAULT CATEGORY         |                          |                                   |                          |                       |                          |                      |                          |
|--------------------|--------------------------|-----------------------|--------------------------|------------------------|--------------------------|-----------------------------------|--------------------------|-----------------------|--------------------------|----------------------|--------------------------|
| Environment        | <input type="checkbox"/> | No Re-verification    | <input type="checkbox"/> | Pressure/Forced        | <input type="checkbox"/> | Temperature/Cure                  | <input type="checkbox"/> | Power Loss/Surge      | <input type="checkbox"/> | Positioned Wrong     | <input type="checkbox"/> |
| Design             | <input type="checkbox"/> | Operator              | <input type="checkbox"/> | Bending                | <input type="checkbox"/> | Set-up                            | <input type="checkbox"/> | Folio/Program         | <input type="checkbox"/> | Outside Dimensions   | <input type="checkbox"/> |
| Doc/Data           | <input type="checkbox"/> | Offset/Setup          | <input type="checkbox"/> | Centre Not Concentric  | <input type="checkbox"/> | BOM/Route                         | <input type="checkbox"/> | Grain                 | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> |
| Equip/Tooling      | <input type="checkbox"/> | Supplier              | <input type="checkbox"/> | Cracks                 | <input type="checkbox"/> | Broken/Damage/Defect              | <input type="checkbox"/> | Weld                  | <input type="checkbox"/> | Part Incorrect       | <input type="checkbox"/> |
| Handling/Pre       | <input type="checkbox"/> | Training              | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> | Wrong Stock Pulled    | <input type="checkbox"/> | Part Lost/Missing    | <input type="checkbox"/> |
| Material           | <input type="checkbox"/> | Use for Testing       | <input type="checkbox"/> | Cuffs                  | <input type="checkbox"/> | Contamination                     | <input type="checkbox"/> | Out of Sequence       | <input type="checkbox"/> | Part Moved           | <input type="checkbox"/> |
| Internal Transport | <input type="checkbox"/> | Poor Information      | <input type="checkbox"/> | Crushing               | <input type="checkbox"/> | Countersink                       | <input type="checkbox"/> | Off-set               | <input type="checkbox"/> | Drawing              | <input type="checkbox"/> |
| Tribal Knowledge   | <input type="checkbox"/> | Rushing               | <input type="checkbox"/> | Heat Treat             | <input type="checkbox"/> | Cut Too Short                     | <input type="checkbox"/> | Mislabeled            | <input type="checkbox"/> | Finish               | <input type="checkbox"/> |
| LOA                | <input type="checkbox"/> | Product Improvement   | <input type="checkbox"/> | Wave/Twist in Tube     | <input type="checkbox"/> | Instructions Incomplete/Unclear   | <input type="checkbox"/> | Fit/Function          | <input type="checkbox"/> | Misread              | <input type="checkbox"/> |
| Substation         | <input type="checkbox"/> | Process Improvement   | <input type="checkbox"/> | Marks/Chatter          | <input type="checkbox"/> | Drill Holes                       | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Turning Sequence     | <input type="checkbox"/> |
| Past Expiry Date   | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | OTHER :                |                          |                                   |                          |                       |                          |                      |                          |
| Misidentified      | <input type="checkbox"/> | Past Due              | <input type="checkbox"/> |                        |                          |                                   |                          |                       |                          |                      |                          |



**D2258-XXX PLACARD**  
(XXX = ALLOWABLE WEIGHT IN POUNDS)

| PART NUMBER | LOAD           |
|-------------|----------------|
| D2258-132   | 132 lb/ 60 kg  |
| D2258-146   | 146 lb/ 66 kg  |
| D2258-154   | 154 lb/ 70 kg  |
| D2258-160   | 160 lb/ 73 kg  |
| D2258-170   | 170 lb/ 77 kg  |
| D2258-176   | 176 lb/ 80 kg  |
| D2258-200   | 200 lb/ 91 kg  |
| D2258-220   | 220 lb/ 100 kg |
| D2258-300   | 300 lb/ 136 kg |

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 148550 MJS

**RELEASED**  
2011-06-29  
*W*

*16-07-12*

**NOTES:**

1) MATERIAL: RED LETTERS, 1 HIGH, ADHESIVE BACK  
MANUFACTURED FROM 3M, 7 MIL MASKING FILM #8522CP OR  
AVERY IPM #2031

2) FINISH: N/A

3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED

4) UNITS: INCHES UNLESS OTHERWISE NOTED

5) BREAK SHARP EDGES: N/A

6) IDENTIFICATION: N/A

7) WEIGHT: N/A

8) PART NUMBER = D2258-MAX DISTRIBUTED WEIGHT IN POUNDS (lbs) OF THE BASKET.  
EXAMPLE: D2258-132 IS A BASKET WITH MAX DISTRIBUTED WEIGHT OF 132 POUNDS (lbs).

|            |                                                                              |                                                                                                                                                                                                                                                                              |              |
|------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| REV.       | DESCRIPTION                                                                  | BY                                                                                                                                                                                                                                                                           | DATE         |
| F          | ADD P/N D2258-154 (ZN B5-1) (REF. NCR11-670)                                 | MB                                                                                                                                                                                                                                                                           | 11.05.17     |
| E          | ADD P/N D2258-146 (ZN B5-1)<br>UPDATE TOLERANCE AS PURCHASED (ZN D4-1, D8-1) | CP                                                                                                                                                                                                                                                                           | 10.01.15     |
| D          | ADD P/N D2258-176                                                            | HS                                                                                                                                                                                                                                                                           | 09.05.03     |
| C          | REDRAWN. SEE PAR 08-026                                                      | AJS                                                                                                                                                                                                                                                                          | 08.10.28     |
| B          | ADDED NOTE                                                                   | BW                                                                                                                                                                                                                                                                           | 95.11.29     |
| A          | NEW ISSUE                                                                    | BW                                                                                                                                                                                                                                                                           | 94.02.28     |
| DESIGN     | BW                                                                           | DART AEROSPACE LTD<br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                            |              |
| DRAWN      | <i>UP</i>                                                                    | DRAWING NO.                                                                                                                                                                                                                                                                  | REV. F       |
| CHECKED    | <i>UP</i>                                                                    | D2258                                                                                                                                                                                                                                                                        | SHEET 1 OF 1 |
| MFG. APPR. | <i>UP</i>                                                                    | TITLE                                                                                                                                                                                                                                                                        | SCALE        |
| APPROVED   | <i>UP</i>                                                                    | UTILITY BASKET PLACARD                                                                                                                                                                                                                                                       | NTS          |
| DE APPR.   | <i>UP</i>                                                                    | COPYRIGHT © 1994 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE UNDERSTANDING THAT IT<br>IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br>THE WRITTEN PERMISSION OF DART AEROSPACE LTD. |              |
| DATE       | 11.06.17                                                                     |                                                                                                                                                                                                                                                                              |              |



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

# PURCHASE ORDER

Purchase Order ID PO33006

Purchase Order Date 7/13/2016

PO Print Date 7/13/2016

Page Number 1 of 4

Order From :

VC-STU001

Ship To : DART AEROSPACE LTD

STUDIO DE LETTRAGE 2001  
210 MAIN WEST  
HAWKESBURY, ON K6A 2H6  
CA

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

E-MAILED

Contact Name

Vendor Phone 613 632 5449

Ship To Contact

Ship To Phone

Ship Via: Yours ppd

Ship Acct:

Buyer

Customer POID

Customer Tax #

Terms

Currency

FOB

10127-2607

Net 30

CAD

Destination-Collect

JUL 13 2016

| Line Nbr  | Reference Vendor Part Number<br>Line Comments<br>Delivery Comments | Description/<br>Mfg ID | Req Date/<br>Taxable<br>Promise Date | CD | Req Qty/<br>Unit of<br>Measure | PO Unit Price | Extended<br>Price   |
|-----------|--------------------------------------------------------------------|------------------------|--------------------------------------|----|--------------------------------|---------------|---------------------|
| 1         | D3569-3P<br>AS PER DWG D3569 REV. A<br>B148976                     | Label                  | 7/18/2016<br>Yes<br>7/18/2016        |    | 5.00<br>Each                   | \$16.00       | \$80.00             |
| SP/6-7-19 |                                                                    |                        |                                      |    |                                |               | Line Total: \$80.00 |
| 2         | D2258-200P<br>AS PER DWG D2258 REV. F<br>B148550                   | Weight Placard 200lb   | 7/18/2016<br>Yes<br>7/18/2016        |    | 6.00<br>Each                   | \$13.33       | \$80.00             |
| SP/6-7-20 |                                                                    |                        |                                      |    |                                |               | Line Total: \$80.00 |
| 3         | D2268P<br>AS PER DWG D2268 REV. B<br>B148553                       | Placard                | 7/18/2016<br>Yes<br>7/18/2016        |    | 6.00<br>Each                   | \$13.33       | \$80.00             |

Note:

7/13/2016



# STUD!O

210 Main Street West  
Hawkesbury, ON K6A 2H6  
Phone # 613-632-2001

## Invoice

| Date      | Invoice # |
|-----------|-----------|
| 7/18/2016 | 42749     |

### Invoice To

Dart Aerospace Ltd  
1270 Aberdeen  
Hawkesbury  
Ontario  
K6A 1K7

### Ship To

| P.O. No. | Terms | Rep | Ship      | Via | F.O.B. | Project |
|----------|-------|-----|-----------|-----|--------|---------|
| 33006    |       |     | 7/18/2016 |     |        |         |

| Quantity | Item | Description | Price Each | Amount |
|----------|------|-------------|------------|--------|
| 5        | 4005 | D3569-3P    | 16.00      | 80.00  |
| 6        | 4005 | D2258-200P  | 13.33333   | 80.00  |
| 6        | 4005 | D2268P      | 13.33333   | 80.00  |
| 6        | 4005 | D2269P      | 10.00      | 80.00  |
| 8        | 4005 | D4086-220P  | 13.33333   | 80.00  |
| 6        | 4005 | D3012-1P    | 8.00       | 80.00  |
| 10       | 4005 | D3268-1P    | 13.33333   | 80.00  |
| 6        | 4005 | D4621-1P    | 13.33333   | 80.00  |
| 6        | 4005 | D5409-1P    | 10.00      | 80.00  |
| 8        | 4005 | D5409-3P    | 10.00      | 80.00  |
| 8        | 4005 |             |            |        |
|          |      | WO: 18298   |            |        |

SP16-7-20

**Subtotal**

\$800.00

**Sales Tax**

\$104.00

Thank you for your business.

**Total**

\$904.00

GST/HST No.

825007651

\*\*\*\***CERTIFICATE of CONFORMITY**\*\*\*\*

**Customer:**

Studio Le Thrage

**Purchase Order N°:**

33006

**Packing Slip N°:**

WO # 18298

**Part N°:**

**Serial N°:**

**Description:**

D3569-3P, D2258-200P,  
D2268P, D2269P, D4086-220P, D3012-1P,  
D3268-1P, D4621-1P, D5409-1P, D5409-3P

**Quantity:**

69

**Certification:**

We hereby certify that:

1. The above listed items were manufactured, repaired and/or inspected in accordance with applicable drawings and/or specifications;
2. All work was accomplished in accordance with the Dart Aerospace Purchase Order;
3. Results of all inspections, chemical or physical tests, as well as other evidence, which shows the acceptability of raw materials, parts and/or assembly components are on file and available for inspection at any time.

**Authority:**

Avery

**APPROVAL:**

Valerie Young

**Signature:**

Val J

**Title:**

office administrator

**DATE:**

July 19.16

## PRODUCT DATA SHEET



### Avery® IPM I™ 7112

issued: 15/04/2002

#### Introduction

Avery IPM I 7112 is a white monomeric calendered removable self-adhesive vinyl for use on the Idanit 162Ad inkjet printer, providing good machine runnability. Because of its cost efficiency and good removability, Avery IPM I 7112 is recommended for a wide range of short term applications on flat substrates requiring easy and clean removal.

#### Description

Film : 100 micron gloss white monomeric calendered vinyl  
Adhesive : **removable**, acrylic based  
Backingpaper : kraft paper, 140 g/m<sup>2</sup>

#### Conversion

Avery IPM I 7112 is specially developed for use on the Idanit 162Ad and Idanit Novo inkjet printer and has been officially approved by Idanit using BL and Magic inks.

#### Uses

- Interior & exterior signs.
- Window decoration.
- Temporary promotional and point of sale advertising and all.
- applications to flat or regular surfaces that require removability.

#### Features

- Good printability and handling on Idanit 162Ad.
- Easy conversion.
- Most economical solution for short term outdoor graphics.
- Easy and clean removal (up to 1 year).



[www.averygraphics.com](http://www.averygraphics.com)

Graphics Division  
Rijndijk 86, P.O. Box 118  
2394 ZG Hazerswoude – The Netherlands  
Tel +31 71 3421500 – Fax +31 71 3421508

## PRODUCT CHARACTERISTICS

Avery® IPM I™ 7112

### Physical properties

| Features                                                                                                         | Test method <sup>1</sup>     | Results            |
|------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------|
| Caliper, facefilm                                                                                                | ISO 534                      | 100 micron         |
| Opacity                                                                                                          | ISO 2471                     | 92%                |
| Dimensional stability                                                                                            | DIN 30646                    | 0.3 mm max.        |
| Adhesion, initial                                                                                                | FINAT FTM-1, stainless steel | 225 N/m            |
| Adhesion, ultimate                                                                                               | FINAT FTM-1, stainless steel | 400 N/m            |
| Flammability                                                                                                     |                              | Self extinguishing |
| Shelf life                                                                                                       | Stored at 22° C/50-55 % RH   | 2 years            |
| Removability                                                                                                     |                              | up to 1 year*      |
| *Not when applied to: Nitrocellulose paints, ABS, Polystyrene, screenprinting inks (fresh), certain types of PVC |                              |                    |
| Durability, unprinted                                                                                            | Vertical exposure            | 2 years            |

### Temperature range

| Features                         | Results         |
|----------------------------------|-----------------|
| Minimum application temperature: | ≥ 0° C          |
| Temperature range:               | - 40 to +100 °C |

#### Important

Information on physical and chemical characteristics is based upon tests we believe to be reliable. The values listed herein are typical values and are not for use in specifications. They are intended only as a source of information and are given without guarantee and do not constitute a warranty. Purchasers should independently determine, prior to use, the suitability of this material to their specific use. All technical data are subject to change.

#### Warranty

Avery® branded materials are manufactured under careful quality control and are warranted to be free from defect in material and workmanship. Any material shown to our satisfaction to be defective at the time of sale will be replaced without charge. Our aggregate liability to the purchaser shall in no circumstances exceed the cost of the defective materials supplied. No salesman, representative or agent is authorised to give any guarantee, warranty, or make any representation contrary to the foregoing. All Avery® branded materials are sold subject to the above conditions, being part of our standard conditions of sale, a copy of which is available on request.

#### 1) Test methods

More information about our test methods can be found on our website.

#### 2) Durability

The durability is based on middle European exposure conditions. Actual performance life will depend on substrate preparation, exposure conditions and maintenance of the marking. For instance, in the case of signs facing south; in areas of long high temperature exposure such as southern European countries; in industrially polluted areas or high altitudes, exterior performance will be decreased.



www.averygraphics.com

#### Graphics Division

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